

**REQUEST FOR COPY OF DEATH CERTIFICATE****PLEASE PRINT****DO NOT MAIL CASH**

NAME	(Full Name)			
	-----			
	First	Middle	Last	
	DATE OF DEATH (Month/Day/Year)	PLACE OF DEATH (Town of Occurrence)	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (State or Country)

  

FATHER	(Full Name)	
	-----	
	First	Middle Last
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (State or Country)

  

MOTHER	(Full Name)	
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	First	Middle Last (Maiden Name)
	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (State or Country)

**PLEASE NOTE: Attach a legible copy of your current photo identification to this request form.**

Only those appearing on the Death Certificate shall receive a certified copy of such certificate including the Social Security Number.  
All other certified copies will mask the Social Security Number.

PERSON MAKING THE REQUEST:

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Number Street

TOWN/CITY: \_\_\_\_\_ STATE &amp; ZIP CODE: \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_ Relationship: \_\_\_\_\_

The legal fee is \$10.00 per copy.

Number of copies requested: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Please make check or money order payable to the Town of Simsbury.

Mail this request with a legible copy of your photo ID and payment to  
Town Clerk, P.O. Box 495, Simsbury, CT 06070.

For other Town Clerk addresses, please call (860) 509-7897